

Demographic Reporting Form

Quarter 5 Totals

Positive Alternatives

Dates: July 1 – September 30, 2017

Grantee Name: Emergency Pregnancy Service of Rochester

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
		1		8	3	5	

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
	2	3	11		1

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
5	12	

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
14	2			1		

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
5	12	

6. Client Type:

Mother	Father	Grandparent	Other
16	1		

